119000 103349

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone #)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Busin	ess Entity Name)
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



400330200214

08/10/19--01013--003 **25.00



JUH 2 4 2019 T SCHROEDER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CE Bucket	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler	Name of Person	
	ICE Î	BUCKET CCC Firm/Company	
		100NT DR Address	
	info@cocco	ISIAND FL City/State and Zip Code beach ice buckes to be used for future annual report notif	32952 _, com_ ication)
For further information of	oncorning this matter, please ca	all:	
Ty/cn Name o	Torrey of Person	at (<u>321)</u> <u>266 –</u> Area Code Daytime	9817 Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is anclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

1 2

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ice Bucket (_		
(Name of the Limited Liability Compar (A Florida Limited L			
The Articles of Organization for this Limited Liability Company	were filed on <u>4</u>	1/15/19	and assigned
Florida document number <u>L 19000 10 33 49</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· <u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			NUC 8
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on	our records. <u>ent</u> ਵਸ	Es the filme of the ne
Name of New Registered Agent:			
New Registered Office Address:	Europe Elon	ida street address	
	Lugi rum		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Tyler Torrey	1605 YounT DR MERRITT ISLAND, FL 3295	Add
			□ Remove
			□ Change
			🗆 Add
			Remove
			□ Change
			Add
		32 SA	2 □ Remove
		455 557 77	Remove
		SSEE FLORIDA	₹ <u> </u>
		الرام حري حري	സ ല □ Remove
			□ Change
			□ Add
			Remove
			Change
			🗆 Remove
			Change

	···-						
	-				 -		
		·					
			-				
· · · · · · · · · · · · · · · · · · ·		, <u>. ,</u>		•			
				<u> </u>			
				<u></u>			
							
					_		
	·		,- <u>-</u>				
	· · · · · · · · · · · · · · · · · · ·						
	<u> </u>	<u> </u>			<u> </u>	19	
					- <u>- 5 6</u> .	_=	
						=	3 }
					10-3 10-3	-⊖- T0	71
		·			- 1 2,	<u> </u>	'''
					0 <u>22</u>	% ÷:	
ffective date, if other than an effective date is listed, the date	the date of filir	ıg:	1	10)	ntid in all)		(AS I'
ote: If the date inserted in the ocument's effective date on the	s block does not	meet the applical	ble statutory filiu	g requirements.	this date v	vill not	i be listed
e record specifies a dela The 90th day after the			an effective t	ime, at 12:0	1 a.m. c	n the	earlier
and June 7	76	. 2019					
	-11.	i member of author					
	Signatury of a	member of author	nzed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00